

# Special Training Provision Monthly On-Job Training Report

Sheet ..... of .....

Contractor: <i>(Name and Address)</i>	<p><b>INSTRUCTIONS:</b> This summary report must be made each month in triplicate. Send the original to the Contract Compliance Officer and a copy to Project Manager in sufficient time for inclusion in monthly progress estimate. Keep a copy for your file.</p> <p><b>Note:</b> <i>Remarks column to be used for reporting when a trainee completes training, terminates employment or is replaced by another trainee.</i></p>
Project No.:	

<b>LEGEND</b>	1. Alaskan Native    3 Asian/Pacific Islander    5. Hispanic    7. White 2. Native American    4. African American    6. Other    8. Female	Control No.:	District:	Month and Year:
---------------	--	--------------	-----------	-----------------

TRAINEE NAME AND SOCIAL SECURITY NUMBER <i>(one Trainee per line)</i>	RACE OR NATIONAL ORIGIN	WORK CLASSIFICATION	GROUP BEING TRAINED	WAGE RATE PAID	HOURS TRAINED THIS MONTH		TOTAL HOURS TRAINED TO DATE		REMARKS
					THIS PROJECT	OTHER PROJECTS	THIS PROJECT	OTHER PROJECTS	

Contractor's Representative: <i>(Signature and Title)</i>	Date:	Reviewed for Department of Roads: <i>(Signature and Title)</i>	Date:
---	-------	--	-------